

FISCAL NOTE

Bill #: SB0499

Title: Revise public mental health system laws

Primary Sponsor: Keenan, B.

Status: As Introduced

Sponsor signature

Date

David Ewer, Budget Director

Date

Fiscal Summary

	<u>FY 2006 Difference</u>	<u>FY 2007 Difference</u>
Expenditures:		
General Fund	Unknown	Unknown
Revenue:		
General Fund	\$0	\$0
Net Impact on General Fund Balance:	Unknown	Unknown

- | | |
|---|--|
| <input type="checkbox"/> Significant Local Gov. Impact | <input checked="" type="checkbox"/> Technical Concerns |
| <input type="checkbox"/> Included in the Executive Budget | <input type="checkbox"/> Significant Long-Term Impacts |
| <input type="checkbox"/> Dedicated Revenue Form Attached | <input type="checkbox"/> Needs to be included in HB 2 |

ASSUMPTIONS:

1. There is data to show that 82 percent of detention commitments to the Montana State Hospital (MSH) are from 6 counties. Detention commitments represent 58 percent of the admissions to the MSH. The Addictive and Mental Disorders Division (AMDD) of the Department of Public Health and Human Services (DPHHS) will begin developing local crisis response plans with the counties with the greatest admissions to MSH with the goal of decreasing admissions to MSH for detention commitments while increasing the appropriateness of admissions to MSH of other commitments.
2. It is assumed that counties will continue to pay for pre-commitment costs and continue to partner with the state to develop and fund an appropriate local crisis response system.
3. Medicaid payment is not available for individuals between the ages of 21 and 65 while they are in the MSH. It is assumed Medicaid payment would be available in a community crisis stabilization facility for all costs except room and board. It is assumed 37 percent of these placements will be eligible for Medicaid.
4. It is assumed there would be a diversion from jail to the new crisis response system, which will increase the amount of clients served under the new system.
5. DPHHS will continue seeking input from interested parties and researching crisis response systems in other states.
6. Due to the many unknown factors surrounding the possible number of commitments to a crisis response system facility, DPHHS is unable to calculate costs for creating this type of service or facility at this time.

Fiscal Note Request SB0499, As Introduced

(continued)

TECHNICAL NOTES:

1. Mental health crisis, as defined in this bill Section 1 (12), is defined in a general way to both adults and youth. The definition reads in part “behavioral, emotional, or psychiatric situation that would likely result in significantly reduced levels of functioning in primary activities of daily living.” This definition is unclear on youths and what is considered a crisis. Definitions for child/youth mental health crisis are not the same as definitions for adults.
2. The language under sections 3 (4), 5 (10), and 6 (5) (b) places responsibility for youth crisis planning with the adult service area authority. This conflicts with earlier legislation (SB 42 that was passed by the senate and transferred to house on January 25, 2005) that clarified primary responsibility for the youth system of care rest with the Department of Public Health and Human Services and the System of Care Planning Committee (SOC).